Data Entered By	Reporting Locality	Date Reported	Reported By	Contact Information	Victim's Last Name	First Name	Age

Gender	If Minor, Parent's Name	Address	City	State	Zip	Home Phone Number (###-###-###)	Work Phone Number (###-###-###)
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Cellular Phone Number (###-###-###)	Date of Incident	City	State	Zip	GPS Location	Has Victim Received Pre-exposure Prophylaxis?

Source Animal Species	Lab Number	Animal Recommendation	If 10-day,	If Tested	If Unavailable,Was
Source Ammai Species		(10-day Observation, Euthanize and	Dates of Confinement	Results	PEP Recommended?
	(ii sent for testing)	Test, Animal Unavailable)	Dates of Commentent	Results	rer Recommended?
		Test, Allillai Ullavallable)			

Type of Exposure (Bite, Saliva [on mucous membrane or open wound], CNS/CSF [brain tissue or spinal fluid on mucous membrane or open wound], Scratch, Direct Contact [if bat], In Room [if bat], Other)	If Other, Describe	Method of Follow-up to Victim (In Person, Voice Mail, Letter)	Date of Follow-up

Follow-up Information	Method of Follow-up		Follow-up Information	Final Patient Outcome
. Спот ар ппотпаноп	to Physician	- и и и и и и и и и и и и и и и и и и и		
	(In Person, Voice Mail, Letter)			
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